PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 09/936.632												
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS						RAT	Έ	FEE		RATE	FEE	
FOR		NUMBER	FILED	NUMB	ER EXTRA	BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEAB	ILE CLAIMS	min	us 20=	•		X \$ 9	9=		OR	X\$18=		
INDEPENDENT CLA	AIMS -	mii	nus 3 =	<u> </u>		X43	l=		OR	X86=	· ·	
MULTIPLE DEPENDENT CLAIM PRESENT						+14	5=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							AL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								NTITY	OR	OTHER SMALL		
Total Independent	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total	6	Minus	* 0	20	=	X\$ 9)= _		OR	X\$18=		
Independent •	. /	Minus	***	3_	= /	X43	=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							5=		OR	+290=		
						TO ADDIT.	TAL	- 1	OR	TOTAL ADDIT. FEE		
	(Column 1)	<u> </u>	(Colum	าก 2)	(Column 3)							
8 L	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total • Independent •		Minus	**		=	X\$ 9)=		OR	X\$18=		
Independent 4		Minus	***			X43	=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							i=		OR	+290=		
TOTAL ADDIT. F									OR	TOTAL ADDIT. FEE		
	(Column 1)		(Colum		(Column 3)	<u> </u>						
L L	CLAIMS REMAINING AFTER AMENDMENT	,	HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total * Independent *		Minus	**		= .	X\$ 9	=		OR	X\$18=		
Independent +		Minus	400		=	X43	=		OR	X86=		
FIRST PRESENT	TATION OF MU	LTIPLE DEP	ENDENT	CLAIM		+145	=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number

			tive Octo						0./	7	XDIAD	\bigcirc
_		CLAIMS A	S FILED (Colum			ımn 2)		SMALL E	YTTY	OR	OTHER SMALL	
TOTAL CLÀIMS						[RATE	FEE		RATE		
FOR		NUMBER FILED		NUMBER EXTRA			BASIÇ FEI		OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			/ mi	nus 20=	•			X\$ 9=	47. J	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =					X40=		1		
Ú	LTIPLE DEPEN	DENT CLAIM P	RESENT				l			OR	X00-	
f	the difference	in column 1 is	less than 7	ero ente	"0" in (column 2	' [+135=		OR	+270=	
						SOIU[[iii] Z		TOTAL		OR	TOTAL	
	a. "	LAIMS AS A _(Çolumn 1)	MENDE	Colur		(Column 3)		SMALL	FNTITY	OR	OTHER SMALL	
1		CLAIMS		HIGH	EST		1 г		ADDI-		SMALL	
		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI TIONA FEE
	Total .	· 6	Minus	9	.0	=		X\$ 9=	l ·	OR	X\$18=	
	Independent .	•	Minus	•••	3	=		X40=	· ·	OR	X80=	_
	PIHST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		-	.105		1		
				•		•	L	+135=		OR	+270=	
٠.	•						A!	DDIT. FEE		OR,	TOTAL ADDIT. FEE	
1		(Column 1) CLAIMS	Althoration of the	(Colum		(Column 3)				_	•	
		REMAINING		NUM	BEA	PRESENT			ADDI.			ADDI
I		AFTER AMENDMENT		PREVIO		EXTRA		RATE	TIONAL FEE		RATE	TIONA
	Total	· 4	Minus		20	= /	П	X\$ 9=	1	OR	X\$18=	7
	Independent	• /	Minus	***	3	ż	-	X40=			X80=	-
	FIRST PRESEN	ITATION OF MU	ILTIPLE DE	PENDENT	CLAIM		-			OR		:/
			. ;.		٠.		L	+135=	:	OR	+270=	,
							AD	TOTAL OIT, FEE	• (OR ,	TOTAL ODIT. FEE	
		(Column-1)		(Colum		(Column 3)			· · · · · · · · · · · · · · · · · · ·	- :: :	···	
		REMAINING		HIGHE	ER	PRESENT	Γ		ADDI-		· i	ADDI-
		AFTER		PREVIO PAID F		EXTRA		RATE	TIONAL		RATE	TIONA
	T tal	4.	Minus	2	\(\)	- /		X\$ 9=	FEE /		Victo	FEE
	ndependent	. (Minus	*** .	3	= (;	-			OR	X\$18=	/ ;
	FIRST PRESEN	TATION OF MU	LTIPLE DEP	ENDENT	CLAIM		_	X40=		OR	X80=	/ . *
	harantoute anni	· · · · · · · · · · · · · · · · · · ·						135=		OR'	+270=	
Į	una Jabadar Rum	n 1.is less than the ber Previously Pa	id For IN THE	S CDACE IN	lace than		ADI	TOTAL DIT. FEE	· ·	OR .	TOTAL	!
,,	A LEE LE STATE STA	ber Previously Pa er Previously Paid	ID FOR IN THU	S SPACE le	lace ther	2 ABIA -2 -	- 10		ropdale box		DDIT. FEE L MD: 1	
•			-			-						